

**CHILD DEVELOPMENT M.S. PROGRAM  
APPROVAL of INDIVIDUAL PROGRAM OF STUDY (FORM D)**

*Return this completed form to the HDGG Graduate Program Coordinator.*

**Name:** \_\_\_\_\_ **Current Date:** \_\_\_\_\_

**ID:** \_\_\_\_\_ **Year Entered:** \_\_\_\_\_

Courses remaining to complete (as of date noted below):

_____	_____
_____	_____
_____	_____
_____	_____

Is this approval subject to other conditions (e.g., letters needed from course instructors)?

No             Yes

Conditions (if any): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Approved:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Chair, HDGG Curriculum Committee

**Follow-up to conditional approval:**

Sign here when conditions have been fulfilled (may be completed by Program Faculty Graduate Adviser or Individual Faculty Adviser):

Name: \_\_\_\_\_ Date: \_\_\_\_\_

check one:     Program Faculty Graduate Adviser         Individual Faculty Adviser